THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME II. NEW YORK, FEBRUARY 24TH, 1886. NUMBER 8.

THE CHIRONIAN.

VOL. II. FEBRUARY 24TH, 1886. NO. 8.

EDITORS:

E. H. PORTER, M.D., *General Manager.*
G. T. HAWLEY, *Managing Editor.*

ASSOCIATE EDITORS:

O. G. HUNT, L. A. MARTIN,
A. M. RITCH, G W MCDOWELL,
W. S. HALL, E. E. KEELER.

W. T. HUDSON, *Business Manager.*
A. C. STEWART, '87, *Assistant Business Manager.*

TERMS:

Per annum, in advance, $1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.
Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.
The editors are not responsible for opinions of contributors.
Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."
All remittances by mail should be made to the Business Manager, at the College.
THE CHIRONIAN will be sent until ordered discontinued.

IN another column we print a letter received from a gentleman of the Junior class. We presume that the sentiments it contains will be echoed by a majority of that class. As a document of especial interest to the next Board of Editors we would respectfully call their attention to it. The matter is certainly one of importance, and there is an abundance of argument on both sides. Of course no change can be made this year, if at all.

THE State Society meeting held in Albany, February 9th and 10th, was a session of great interest. The new president is Dr. H. C. Houghton, our professor of otology. We congratulate Prof. Houghton on the receipt of this deserved honor. Prof. Allen is Chairman of the Bureau of Materia Medica, and other of our professors have similar appointments. The full list of officers will be found in another department.

OUR allopathic brethren, damaged by repeated defeats and wearying of open and disastrous warfare, have resorted to a flanking movement by which they hope to finally conquer homœopathy. The new system of therapeutics has made such marvellous progress that its success can only be consistent with the absolute truth of its theory and correctness of its practice. Direct attacks on homœopathy have failed. Opposition and persecution have only hastened its growth. For over a hundred years the dominant school has sneered at and vilified homœopathy. Brought at last to a realizing sense of its great blunder, it attempts to maintain an impossible consistency by shifting its ground. It no longer attacks homœopathy, but devotes its energies to rediscover it. Hahnemann in 1796 urged the proving of medicines upon persons in health. Sidney Rénger in his Therapeutics does the same to-day. But this method of ascertaining the curative power of drugs leads inevitably to the homœopathic law of cure. So this once despised and hated method is rediscovered and brought forward by our allopathic brethren as something peculiarly their own. At the May meeting last year of the Académie de Médecine de Paris Dr. Murrell was awarded the Berbier prize for his "discovery" of nitro-glycerine as a remedy for angina pectoris. But Hering in 1846 had shown it to be a remedy "useful in some cases of angina pectoris," and the same year that Dr. Murrell made his wonderful "discovery" Kafka stated that he had been giving nitro-glycerine for several years together with belladonna in the disease referred to. Sepia has also been "discovered" to be useful in migraine. These be the signs of the time. What more could one ask than that a system of drug-proving on the healthy should be adopted by the old school? It is the very way to establish the truth of homœopathy. The old school then, finding it no longer pays to sneer at homœopathy, and,

knowing it impossible to deny it, have betaken themselves to a vigorous rediscovery of it. Homœopaths have done little but watch this flanking movement as yet. But it is time some action was taken. The homœopathic lamb is not yet ready to lie down inside of the allopathic tiger.

THE success of quacks and quackery is founded upon the fact that the people believe that specifics exist which will cure every and any disease which humanity is heir to. This is an age of quacks. Their vile nostrums are vigorously thrust under the noses of a credulous public. Their nauseating advertisements meet the eye at every point. Houses and walls are plastered over, fences disfigured, rocks and even mountains made hideous. The street cars are lined with the placards setting forth the merits of some patent remedy. This growth of quackery creates an impression hostile to the medical art, and fosters and incites belief in the assertions of charlatans and secret specifics. It is a duty which every physician owes to his profession to instruct the laity on matters pertaining to medicine and medical men. They should be taught that reputable physicians do not advertise themselves or their special merits, do not promise a cure for so much pay, and do not by any means believe that any drug or combination of drugs or any one system of treatment relieves all diseases. They should also know that there are some diseases for which there are no infallible cures, and that other diseases can only be cured under certain conditions. They should know that any advertisement of a specific should immediately be regarded with the utmost suspicion. The religious press, it has been suggested, might help the good work along by publishing a few counter advertisements in their columns to offset the foul mess which some of them weekly and monthly force upon their helpless readers. Verily "he who eats with the devil must needs sup with a long spoon," and we hope our brethren of the religious press have a handle long enough to enable them to sup with safety and ease.

Materia Medica.

Drug Classification.

IN a previous issue of the CHIRONIAN we promised its readers a classification of the drugs of our materia medica.

This grouping is intended as an aid to the student in learning and systematizing the remedies he will use.

If the drugs be given at random, a far greater effort of abstract memory is required for their mastery than when arranged in groups, based upon their physiological action. Hence the following tables are submitted, not as theoretically perfect groupings, but as an effort to bring order out of chaos, and afford a rational basis for drug comparisons. Physiological action is taken as the groundwork of our arrangement, for by a clear appreciation of this the symptomatology becomes *comparatively* easy.

To group each drug under all its varied sphere of action would entail such repetition as to completely defeat our object—that of giving an outline or brief scheme which may furnish hints for more complete study hereafter. So each drug, with few exceptions, is mentioned but once, and that under its most prominent sphere of action, and where related to other groups such relationship is brought out in the lectures.

The clinical advantage of such a plan lies in the fact that at the bedside a given disease before us at once calls to mind a certain group of drugs, which then may be differentiated by the symptoms of the patient.

TISSUE REMEDIES.—This group includes all the alkalies, compounds of Sodium, Potassium, Barium, Magnesium, etc., the Mercurials, Ohos, Hepar, Aurum, Tellurium, Ferrum, Plumbum, Phyto, Iodine, the organic acids, especially Acetic and Fluoric and all the snake poisons.

CEREBRAL IRRITANTS.—Bell., Hyos., Stram., Cicuta, Hellebore, Zinc, Cham., Coffea, Cann. indica and Alcohol.

Of these, Bell. has the most marked and active cerebral congestion. Stram. has less congestion

but more delirium, while Hyos. stand midway between Bell. and Stram. in both respects.

Cicuta has no great congestion, but through irritating the cerebro-spinal system it causes violent, long-lasting and rapidly recurring convulsions, the functions of the brain are paralyzed and consciousness is lost.

Hellebore and zinc are related in their actions, but the former causes more profound disturbance and is useful after zinc has done its work.

Coffea and chamomilla are analogous, for in each there is irritability of the special senses and of the brain, with keen nervous hyperæsthetic conditions generally.

Cannabis indica is much like opium, although cannabis is more marked in its primary (excitant) action, and opium has its more characteristic manifestation in the secondary (depressant) stage. Alcohol primarily a stimulant, secondarily a depressant.

CEREBRAL DEPRESSANTS.—Phosphoric acid, Opium, Absynth.

SPINAL OR CORD EXCITANTS.—Strychnine and its allied alkoloids, Nux Vomica, Ignatia, Agaricus, Cimicifuga, Jaborandi, Picric Acid and Hypericum.

All of these spinal irritants affect chiefly the motor nerves.

In the Strychnine group is found intense reflex irritability, centering in the gray matter of the cord.

Agaricus has posterior spinal irritation and spinal anæmia, while its action on the brain resembles that of Opium, Cannabis and Alcohol.

Hypericum.—Hyperæsthesia of sensory nerves at their periphery.

Its action is seated in the posterior portion of spinal cord and cerebrum.

Jaborandi has powerful excito-motor properties, shown by increased secretions, especially of the salivary and sudoriferous glands.

Picric acid causes primarily intense irritation of the cord, prominently its lower part, shown by sexual irritation. This is followed by profound depression, vital exhaustion, and even general anæmia.

SPINAL DEPRESSANTS.—Alumina, Gels. Conium, Cocculus, Prussic Acid and Laurocerasus.

IRRITANT TO THE GENERAL NERVOUS SYSTEM.—Asafœtida, Moschus, Valeriana, Nux Moschata and Cuprum.

GASTRIC INTESTINAL IRRITANT.—(*a*) Especially gastric — Ipecac. Abies nigra, Authusa, Ant. and Bismuth, Carbo. Veg. (*b*) Especially intestinal—Verat. V. and Album, Arsenic, Sulphur, Aloe, Podo, Arg. nitricum, Lyc. Nitric Ac., Muriatic Acid, Sulphuric Acid, Dioscoria, Colocynth, Gambegia, Jatropha, Jalopa, Rheum, Croton Tiglium, Capsicum and Mag. Corb.

RHEUMATIC GROUP.—Clematis, Actea, Bryonia, Rhododendron, Ruta, Rhus, Dulc. Pulsatilla, Guaiacum, Caulo. Colch., Ranunculus, Anacardium, Benz. Ac. and Salic. Ac.

FEVER GROUP.—Aconite, China, Eupatorium Camphor, Baptisia, Rhus. Ailanthus, Cedron, Sabadilla, Aranea.

RESPIRATORY TRACT.—Both catarrhal and neurotic, including the nasopharyngeal and bronchial tissues. — Wyethia, alium cepa, arum tri., Euphrasia, Sticta, Rumex. Squilla Sambucus, Lobelia, Senega, Asclpias, Spongia, Iodine, Bromine, Chlorine, Drosera, Corrallium rubrum, Cœcus cacti and Stannum.

CORDIAC AND PNEUMOGASTRIC.—Digitalis, Apocgnum, Covalaria, Cactus, Spigelia, Kalmia, Glonoine, Amyl nitrite, Ant. tart., and Tabacum.

POSTAL GROUP.—Aloe, Hydrastis, chel, Berberis, Iris V., Leptandria, Sang., Saroxacum, Pods., Sulph. and Collinsonia.

RENAL GROUP. — (*a*) Inflammatory—Apis, Arsenic, Canth., Terebinth, Uran, Nitrate. (*b*) Functional—Juniper, the Nitrates, Asparagus, Plantago and Lupulin.

BLADDER AND URINARY.—Buchu, Uva ursi, Pariera, China phillia and Copaiva.

FEMALE SEXUAL.—Lil. tig., Sepia, Murex, Palladium, Borax, Helonias, Caulo., Cimic, Creosote, Platinum.

MALE SEXUAL.—Agnus C., Selenium.

HEMORRHAGIC GROUP.—Secale, Sebina, Millifolium, Ustilago, Trillium, Cinnamon, Hamamelis, Ipec. and Phos.

SKIN GROUP.—Graphites, Viola, Petroleum, Thuja, Oleander and Urtica.

ANTHELMINTIC.—Cina, Teucoium, Mar. ver., etc.

Belladonna.

(Atropa Belladonna, Deadly Nightshade.)

BY H. M. HOBART, M.D., CHICAGO.

A TINCTURE is prepared from the fresh plant, at blooming, in the usual way.

Belladonna has, for centuries, been known as a dangerous plant, and classed among *narcotics* or *cerebral stimulants.*

Hahnemann gave careful attention to the pathogenic effects of belladonna, so that as early as 1830 he published a list of 1,440 symptoms obtained from his own provings and other sources.

Since then much work has been done in reproving belladonna and its alkaloid, atropia.

In this drug we have an excellent illustration of the fruitfulness of the Hahnemannian method of studying medicines as compared with the others that have been used. A method that classes belladonna as a *narcotic*, *sedative* or *nerve stimulant* indicates that it may be of value in certain forms of pain and spasm.

But when we become acquainted with its individual characteristics we find that no general classification can exhibit its action; that the symptoms produced by it show that it affects almost every part of the human organism.

The range for its successful use is of course equally general and varied. Thus in the hands of Hahnemann and his followers it soon became one of the most often employed medicines.

The action of belladonna on the system is so general and so complex that to analyze it is well nigh impossible.

Belladonna acts upon every part of the nervous system. It affects the sensorium so profoundly that delirium, illusions, exaltations, mania and stupor are the most common manifestations of poisoning by belladonna. It produces heat of the head, redness of the face and eyes, throbbing of the carotids, a full, hard, bounding and tolerably frequent pulse. The special senses are stimulated and their functions are perverted. Tonic and clonic spasms are produced in the voluntary muscular system. Its influence upon the involuntary muscular fibres is seen by the dilation of the iris, relaxation or unusual rigidity of the sphincters, palpitation of the heart, etc.

The skin and mucous membranes are so deeply affected by belladonna that the sub-cutaneous and sub-mucous cellular tissues are inflamed. The skin becomes intensely hot, with a smooth, shining, red surface—very similar to one form of scarlet fever and non-vesicular erysipelas. In fact, belladonna affects chiefly the skin and mucous membranes of the mouth, throat, eyes and genito-urinary organs.

The nervous system in every branch, and the muscular system to a large extent, are affected by belladonna.

The digestive organs are not much affected; neither are the serous and osseous and fibrous tissues.

The glands are deeply affected—as shown by its effect upon the ovaries, parotid and lymphatic glands. The bladder, the uterus and the lining membrane of the rectum may be structurally changed.

Characteristics.

MENTAL SYMPTOMS.

Confusion of head, violent delirium, constant desire to spring out of bed, loss of consciousness (compares with hyos., stramon., agar.).

BRAIN AND NERVOUS SYSTEM.

Intense pressing headache, aggravated by noise, motion, contact, etc. (compare with bry. and cim.).

Violent jerking and throbbing headache, at every step a jolt downward as if a weight were in the occiput—frequently obliged to stand still in walking, the pain in head so violent.

Rush of blood to the head (compare with ferr., etc.), injected eyes.

Pulsation in arteries—throbbing in brain (compare glon., etc.).

The mass of head symptoms relate to the forehead, orbits and temples. The right orbit and supra-orbital region are especially affected.

The pains cease occasionally only to return with greater severity. The pain in the forehead

is usually from within out, is aggravated by lying down, motion and open air, and relieved by bending backward.

Head is so sensitive externally that the least contact gives pain, but is relieved by strong pressure. Complaints from taking cold after cutting the hair are relieved by belladonna.

EYES AND EARS.

Eyes protruding, sparkling; pupils dilated, staring look (compare hyos., æthusa, etc.).

Eyes red, swollen, distorted (compare stram.).

Great intolerance of light (compare sulph., merc., etc.).

Dilated, immovable pupils (compare with hyos., ap. stram., etc.).

Double vision, objects distorted (compare aur., cim., gels., etc.).

Intolerance of noise (compare acon.).

Tearing at the internal and external ear (compare puls., merc., cham.).

Great sensitiveness of smell; all senses more acute (compare with hyos., stramon., coffea, cinch.).

Pain in small of the back as if it would break (aloes, nux, cim., etc.).

Pain in thighs and legs as if beaten; convulsive motions of limbs or face (compare with agaricus, ignatia, cim.).

Face swollen, red and hot (compare acon., stram.).

DIGESTIVE SYSTEM.

Dryness of mouth, tongue and throat, which interferes with speech and deglutition (not relieved by water, but for a time by sugar.)

Sore throat; fauces and pharynx of deep red.

Painful distension and pressure in abdomen, aggravated by the least jar.

Altered secretion and spasmodic action of the bowels.

Paralysis of the sphincter, or involuntary stools (compare hyos., arsen.).

URINARY AND SEXUAL ORGANS.

Retention of urine, which passes only drop by drop (compare aconite, canth.).

Involuntary micturition (compare ars., hyos.).

All sphinctures are affected by belladonna. There may be spasmodic contraction or relaxation, as seen above.

Great pressing downward in the genitals, as if the contents of the abdomen would protrude through the vulva (compares with sepia, lil. tig.). Ovaritis.

Menses too early and too profuse.

Belladonna is often curative in dysmenorrhea. The pains are paroxysmal and intolerable in character, and *precede* the menstrual flows from twelve to twenty-four hours.

RESPIRATORY ORGANS.

Voice husky and hoarse, and a dry cough from dryness of the larynx (phos.).

Dry, spasmodic (or hollow, hoarse) cough, worse at night, and by lying down (compare dros., hyos.).

ORGANS OF CIRCULATION.

Violent palpitation of the heart (compare with ars., spig., sulph., verat.).

Throbbing of the carotid and temporal arteries (glon.).

Pulse full, bounding, frequent (acon.).

Skin smooth; scarlet redness of the surface of the whole body.

Erysipelatous inflammation (compare acon., apis, rhus).

The character of belladonna pains are *throbbing*. Throbbing of the blood-vessels is a marked feature of belladonna, occurring in the head and whole body simultaneously. The pains gradually increase and become intolerable, then *suddenly* decline and reappear elsewhere.

Painful spots, sore on *gentle* pressure, yet tolerating firm pressure, as in ovaritis, neuralgia, etc.

Pains aggravated in afternoon, and after midnight, by motion, from draught of air, sudden changes in temperature, from heat of sun. (Warm room and quiet ameliorate.)

Belladonna deserves great consideration at the beginning of acute inflammatory diseases, and at different stages of chronic disease, depending upon the symptoms present.

Accordingly it may be employed in acute cutaneous diseases; in measles, erysipelas, one form of scarlatina, etc.; in inflammatory swelling

of glandular organs, as hepatitis ; in inflammations of the tongue, palate, pharynx, and also of the testicles and spermatic cord. In ophthalmia and otitis ; in inflammation of the brain and spinal marrows and their surrounding membranes ; in catarrh of the air-passages ; cough and hoarseness, etc. ; in neuralgia ; in whooping-cough and other spasmodic conditions connected with inflammatory symptoms ; in chorea ; during dentition, with excessive irritation and sensibility of the senses.

Duration of action of belladonna is from a few hours to weeks, according to the size of the dose.

Dose.—Good results are obtained from both high and low potencies. Both must be employed in order to obtain the fullest effects of the drug.

Belladonna is usually employed in the medium or low potencies ; though most excellent results are obtained from the high potencies, especially in delirium, mania, hydrocephalous, ophthalmia, apoplexy, congestion of the brain, etc.

—*Selection.*

Surgery.

Hospital Clinic at Ward's Island.

HELD JANUARY 20, 1886, BY PROF. HELMUTH. REPORTED BY JAS. FREER, M.D., HOUSE SURGEON.

THE cases selected for this clinic were two cases of mammary tumor, of which the following is the history :

Case first : Mrs. B., æt. forty-six. This patient was admitted into the Hospital January 7, 1886, complaining of "cancer" of the breast. She presented a cachectic and overworked appearance, but her strength was unimpaired, and her appetite good. Examination revealed a growth having a vertical diameter of five, and a transverse diameter of three and one-half inches, occupying the upper portion of the right mammary gland, and the upper and internal portion of the infra clavicular region, and extending upwards to within two inches of the clavicle and laterally from the right border of the sternum. The tumor was elevated to the height of from an inch to an inch and a half above the surrounding structures ; it had a very turgid appearance, was uneven on the surface, the central portion being excavated by degeneration, and was of an intensely bad odor. It was quite firm in texture and firmly attached to the underlying tissues. There was considerable glandular enlargement in the axilla and in the lower portion of the posterior triangle of the neck.

No evidences of hereditary taint could be obtained. She stated that some more than a year ago she received a hard blow on her breast which gave rise to severe pains and was followed by an extravasation of blood. A few weeks subsequently to this injury she noticed a small painless lump forming on her breast. The growth of this was rapid, resisting utterly all attempts to control it, and in a few months it had attained to the size of a small orange. About six months ago while at work she accidentally inflicted a severe blow upon this, which gave rise to a hemorrhage, during which, no means being employed to arrest it, she lost a large quantity of blood ; from the date of this injury the growth of the tumor was more rapid and was accompanied by frequent hemorrhages. At this time also pain, which previously had been absent, set in and was of a sharp, burning, excruciating character. This condition continued and obtained at the time of her admission at this institution, where she expressed a desire to have the tumor removed. Prof. Helmuth saw the case, and rendered a diagnosis of scirrhus cancer, and decided that an operation would be beneficial. Accordingly she was brought before the class in the hospital amphitheatre and the growth removed by Prof. Helmuth, assisted by members of the House staff. By the aid of a calcium light all were enabled to see clearly each step of the operation.

An incision was made in the healthy tissues surrounding the diseased mass, the vascularity of which baffled the efforts of the assistants to entirely control the hemorrhage. The tumor was so deeply seated that a portion of the pectoralis major muscle had to be removed with it.

A moment only was employed in its removal, but a much longer time was spent in ligating the bleeding vessels, which, owing to the tenseness of the tissues, was very difficult. All bleeding having finally been stopped by ligatures and compresses, the margins of the wound were drawn as closely together as possible by button sutures and an antiseptic dressing applied, after which the patient was removed to give place to the next one.

Case second: Susan M———, æt. forty-five. This woman had been under our treatment for Adenoma of the right breast for about two months and was intended for operation at an earlier date, but she experienced so much relief from internal medication that she became unwilling; the onset of the pains again made her desirous of relief by surgical means.

Her tumor likewise had existed about a year, and followed a blow on the gland.

It commenced as a small lump and grew gradually, attaining its maximum size in about six months; at the end of this time also some pain and tenderness were developed; the pain was sharp and excruciating.

At this time she commenced to poultice it, under which, after a short period, an opening was formed; a slight discharge of sanquineous pus occurred, and though the opening remained, the quantity of discharge was very small. From this time the growth remained stationary, the pain and tenderness being increased.

The above indicates her condition when she first came under our treatment at the hospital.

Conium was administered and the improvement above alluded to took place, the pain and tenderness diminished and the opening almost closed, but she suffered a subsequent exacerbation and a new opening formed. Having been anæsthetised she was placed upon the table.

The surface having been cleansed by a solution of iodoform, the integument was drawn tense by an assistant and a circular incision made around the tumor, including the nipple; the incision was then continued, the knife being closely followed by sponges to prevent hemorrhage. After a few moments of careful dissection it was removed, very little blood being lost.

After the bleeding vessels had been secured by ligatures the lips of the wound were approximated by button sutures and a drainage tube put in, then the edges were carefully united by an interrupted catgut suture. The part being thoroughly cleansed an antiseptic dressing was applied and the patient returned to her bed.

Over two weeks have now elapsed since the clinic and both cases are in an excellent condition and recovery is going on rapidly.

Surgical Clinic at the College.

CASE 1.—The first patient who presented himself to the Clinic was a man suffering from a large swelling on the index finger. It had given him considerable pain during the past week, and at a glance Prof. Helmuth pronounced it a paronychia, and believing the bone to be affected, made an incision through the periosteum, and with the use of a probe verified his belief. The patient was advised to apply a flaxseed poultice and change it every three hours.

CASE 2.—A child had received a fall which produced a green-stick fracture of the radius. Splints and a bandage was applied, and the mother advised to return with the child in two weeks.

CASE 3.—Mrs. McD. exhibited herself, suffering from a cystic degeneration of the breast. A large cyst had formed and ruptured. It was still discharging a little, but was gradually improving under homœopathic medication. There appeared two small nodules at the side of the breast, which were of a rather suspicious nature, and Prof. Helmuth advised their removal, but the patient objected. Calc. Carb. was given.

CASE 4.—A patient with an enlarged bursa of the wrist joint, caused by straining the ligaments attached to the joint. Regarding the various methods of treating such injuries Prof. Helmuth believed the seton was the best, especially in this case. A seton was therefore applied, to be taken out as soon as suppuration had set in, then pressure was to be made, by the use of a small, thin piece of lead, covered with chamois skin, held by a bandage.

P. S.—Patient returned cured one week later.

CASE 5.—J. M., æt. forty-one years, employed in the engine-room of a steamship for the past twenty-one years, was suffering from the troubles peculiar to people following such occupations, occasioned by the incessant heat, and the injudicious drinking of cold water when in such a heated condition. His health had been good, but nine years ago he contracted the Chagres fever, and since then his constitution has become gradually weakened and at present is suffering from a deteriorated condition of the blood, with external manifestation of lymphatic swelling on the foot and hand. Prof. Helmuth prescribed Arsenicum 3d, a small powder to be taken four times a day. Also cod-liver oil, a tablespoonful night and morning, and advised him to drink a glass of hot water, half an hour before each meal, to stimulate the follicles of the digestive tract, and thus assist the process of digestion. Plenty of rare meat was advised as a diet.

CASE 6.—Harry D., aged 10 years, had a fall last August, striking on the inferior maxillary bone producing a growth that developed into an abscess, which was poulticed and discharged. The inflammation extended over the side of the neck to the lower portion of the ear. He was sent here by a physician who had been giving him Silicea and Iodine internally, which failed to effect a cure. Prof. Helmuth found an enlargement of all the glands of the neck on the affected side, and prescribed Calc. Carb. 2 x five grain powder, to be taken night and morning, with weekly intermissions, and call again in five months. He advised the continuance of the drug for a year and a half, and dwelt with some emphasis upon the necessity and advisability of continuing a drug when accurately prescribed, until the limit of its beneficial action has been reached.

CASE 7.—This was a young lady with a tumor under the tongue, which proved to be a Ranula; that is, a small, soft, fluctuating and semi-transparant tumor, which forms under the tongue, due to the obstruction of the ducts of Rivini. The contents of these cysts is viscid and resembles the white of an egg. This case had been treated by other surgeons in various ways without success, the tumor recurring after each operation. A needle was threaded with a double thread, which was pass through at the base of the tumor and tied on either side.

CASE 8.—P. Fitzgerald, æt. forty-five years, was undergoing the annoyance attendant upon an enlarged scrotum. He received a strain about one year ago. Two weeks later the scrotum began to enlarge and caused considerable discomfort. He called at a neighboring allopathic institution and was there informed that he was suffering from a hernia in the scrotum, and in view of such a condition was advised to wear a truss, which he accordingly did, and not receiving any benefit from it called at the College Clinic. Prof. Helmuth made an examination, calling attention to the points of differential diagnosis of hernia and hydrocele, and rendered as the diagnosis in this case an accumulation of fluid in the turica-vaginalis. A trocar and canula was then introduced and the fluid withdrawn, occasioning great relief as experienced by the patient. He was advised to return in three weeks, when the sac would again be emptied, and the operation for the radical cure of hydrocele performed.

Obstetrics.

The Obstetric Forceps.

ITS HISTORY AND PRESENT STATUS IN OPERATIVE MIDWIFERY. BY PROF. L. L. DANFORTH.

MANY of the most sacred interests of mankind in this world, domestic and physical, depend upon the proper performance of the function of parturition. Labor is a physiological process, and in the majority of instances terminates without other assistance than that which the powers of Nature bestows upon it. Notwithstanding this fact, since the world began women have been observed who have been unable for one reason or another to complete the function which the penalty of their sex inflicts upon them. Unfortunately, not all possess the facility in accomplishment which characterized

the Hebrew women of old, who, according to the account in Exodus, "are not as the Egyptian women, for they are lively, and are delivered ere the midwives come in unto them." The exigencies of the parturient process have, from remote times, compelled those who were in attendance upon the sufferer, as professional midwives or as sympathizers in a common lot, to seek some means whereby the perils which threaten her existence should at least be mitigated, and, if possible, entirely overcome. Progress in medical and surgical art, like progress in all departments of the arts and sciences, and in all the enterprises which have engaged the attention of mankind, has been accomplished by slow degrees; little by little the advancement has been made; opposition and prejudice have met the advocate of new theories and new practices; but truth and correct principles have prevailed, and we stand to-day, with reference to the various obstetric procedures, and preëminently the forceps operations, in an attitude as unlike that of fifty, forty, or even twenty years ago as the instruments of the present time are unlike those of centuries ago.

The history of the operations which had for their object the forcible extraction of the fœtus, in cases of otherwise impossible delivery, is of very ancient origin, and it is possible that it antedates by hundreds of years any authentic accounts which we now possess. It is not within the scope of this lecture to consider the cruel and inhuman methods which marked the practice of the ancients, and yet it may not be out of place to refer briefly, for the sake of comparison, to the principles which governed them in their midwifery operations. The writings of Hippocrates, who lived in the fifth century before Christ, Aetius in the fourth and fifth centuries after Christ, Paul of Egineta in the seventh century (who, by the way, was the first male practitioner of midwifery), and the Arabian writers in the eleventh and twelfth centuries, all coincide in the opinion that the sole object of their endeavors should be to extract the fœtus in any way—by turning, when that is possible, traction hooks in the eyes or mouth or chin, first opening the head and then crushing it, or by dismembering the child. All the instruments were designed with these various objects in view, and it is quite certain that the viability of the child was not always considered a barrier to the performance of the required operation. It was deemed better that the child should die than that the mother should succumb, and they knew no way to relieve her from the dilemma in which they found her, except by recourse to the violent means which have been mentioned.

The first account we have of any instrument which could be called an obstetric forceps is contained in the writings of the Arabian philosopher and physician, Avicenna, who lived about the tenth century. The nature of the instrument used at that time can only be conjectured from what we know of those which were described at a later period. Albucasis, another Arabian surgeon, who lived toward the end of the eleventh or the beginning of the twelfth century, gives drawings of barbarous instruments which were intended to be used as cranioclasts; there were two styles, the short and long forceps. The former was called the *Misdach* and the latter the *Almisdach*. These instruments were intended to obviate the necessity for the fearfully destructive operations of the earlier periods; but it is difficult to understand how their use could have been fraught with any great benefit to the child, for the blades were long and sharp, and provided with projecting teeth on the internal surface which must have had a terribly destructive influence on the head and face of the child. Crude as these instruments were, all knowledge of them had been lost by the sixteenth century, and reintroduction became a necessity. Rueffe, of Zurich, in 1554, describes forceps with a beaked extremity and another pair perfectly smooth, both of which were made with a common fixed joint, "so that both blades must necessarily be introduced at the same time, and consequently they were useless, from the difficulty of their application"; furthermore, Rueffe lays no claim to be the inventor of any of these instruments. They were selected from the surgeons' armamentarium of that period, and it is impossible from their design that they could ever have been used for the extraction of the fœtal head, except it

had been first broken up with crushing instruments.

The improved instruments which we now possess have, by a gradual process of evolution and development, grown out of the short forceps, with double fenestrated blades, a single curve, separable, and capable of being introduced singly*—an instrument which, with its improvements, has perhaps saved more lives than all other instruments of surgery combined. The history of the introduction of the midwifery forceps is considered of so much importance and interest that all systematic writers on Obstetrics consider it necessary when they reach the description of these instruments to give a sketch of the family whose name is so intimately associated with this event. The name of Chamberlen is indissolubly connected with the introduction of the forceps. The memorials now accessible to the student, through the researches of J. H. Aveling, M. D., F. R. S., and published three years since under the title of "The Chamberlen and the Midwifery Forceps," prove irresistibly that the honor belongs to this family. Unfortunately for the historian, much confusion has prevailed on account of there being several members with the same name. In the successive generations there were three Peters and two Hughs, and to bestow the honor of the invention upon the right person was a duty which no one took the trouble to perform. With reference to this point Aveling writes: "I have no hesitation in stating that all these biographical essays, including previous attempts of my owns, are more or less incorrect—no matter how trustworthy in other respects the authors may be." Aveling's essay "endeavors to point out which of the Chamberlens was the originator of this most beneficent of instruments and to show that the member of the family now most commonly looked upon as the inventor has no right to the honor."

To Peter Chamberlen the honor is usually attributed, but to which one of the three is the question. William Chamberlen, a Huguenot refugee, fled from Paris to Southampton, England, on the eve of St. Bartholomew's Day, 1569. With him went his wife and three children; among them was one son, Peter. "Three years later another son was born, and to the confusion of all biographers who have written upon the Chamberlens, he was named Peter. There were, therefore, two brothers called Peter, the elder and younger." Both followed their father's profession, and became physicians. The latter left a son whom he also called Peter, born in 1601. The annals show that all possessed special skill in the practice of midwifery. The last of the Peters, the son of Peter the younger, is known in history as Dr. Peter Chamberlen, and to him is usually accorded the honor of the invention in question. "But the conclusion has been arrived at upon insufficient grounds, for the evidence supplied by existing 'Memorials' unmistakably suggests that he, like his descendants, received his knowledge of the midwifery forceps from his father." That the secret was communicated to Dr. Peter Chamberlen from his father we have his own evidence to attest, for he says: "Fame begot me envy and secret enemies, which mightily increased when my father added to me the knowledge of deliveries." "The father being Peter the younger, the next question to decide is which of the brothers deserves the honor of the invention." A line in Smellie's Midwifery, which had escaped attention previously, came to Aveling, as he says, "like a welcome flash of light in hopeless darkness, and, as completely as it is ever likely to be, cleared up the mystery." In speaking of the instrument used by the Chamberlens, he adds: "And said to be contrived by the Uncle." "The Uncle" can mean no other person than Peter Chamberlen, senior. As far, therefore, as can be determined by existing evidence, Peter Chamberlen, senior, may, with almost absolute certainty, have the honor conferred upon him of being the inventor of the midwifery forceps. The original instruments used by these brothers and the son were found in the residence once occupied by Dr. Peter Chamberlen at Woodham Mortimer Hall, England, in June, 1813, concealed in a closet, and under a trap-door in the floor over the entrance porch. There were three pairs of forceps with other instru-

* Ramsbotham, p. 608.

ments. The account of the Chamberlens cannot be disposed of without a reference to a few historical facts, and mention of the successive generations of the family. Peter the elder died in 1631, and Peter the younger in 1626. Dr. Peter Chamberlen died in 1683. He left three sons, Hugh, senior, Paul and John, all practitioners of midwifery and possessed of the family secret. Hugh, junior, was the eldest son of Hugh, senior. He was born in 1664, was educated at Trinity College, Cambridge, and died in 1728. The Duke of Buckingham erected a magnificent cenotaph in Westminster Abbey to this Dr. Chamberlen. He was the last of the ancient family of that name who practiced midwifery in the kingdom. Fortunately for mankind, the secret of the Chamberlens did not die with the last of the race. At the time of the death of Hugh, junior, in 1728, the forceps were generally known; indeed "Drinkwater," according to Cazeaux, "who practiced the art of midwifery from 1668 to 1728 made use of instruments which, if we may judge from the description given of them by Johnson, closely resembled those employed by the Chamberlens." Chapman, in 1733, published an account of the midwifery forceps. At that time he writes: "I must observe that as there are several different sorts of forceps, so they are all far from being equally proper, and great regard is to be had to their form.

It is well known that after the secret of the Chamberlens was made public the forceps came into very general use. Fielding Ould writes in 1742: "The best adapted instrument is the large forceps which is in use all over Europe." The publication in 1752 of Smellie's famous "Treatise on Midwifery" was the inauguration of a new era in the art. At this time also Levret, in France, and Smellie, in England, were each nearly simultaneously possessed with the idea that the powers of the forceps would be greatly magnified by accommodating the shape of the blades to the form and direction of the pelvic axis. The original Chamberlen instrument was straight, and therefore only applicable when the head was low down in the excavation and close to the perineum. Levret and Smellie endeavored to render the forceps capable of being applied to the head when still above the superior strait, and to that end gave the blades a curve in the direction of their long axis, thus affecting the introduction of the design, upon which all subsequent patterns have been based—the instrument with the cephalic and pelvic curve. Smellie also promulgated the clearest directions for using the forceps "on rational and mechanical principles." His teachings were far in advance of any of his predecessors. But the tide of popular opinion which set in after the forceps became generally known was destined to rise above the limit of utility and wisdom. It is beyond question that the forceps were greatly abused in both English and foreign practice at this time. One Continental accoucheur boasted of 800, and another of 1,200 instrumental deliveries, and history informs us that the same state of practice existed in England. As a result of this wholesale employment of the forceps, a severe reaction soon set in. One of the most bitter opponents of the instrument was the anonymous author of a furious diatribe against the employment of men in midwifery practice, entitled "The Present State of Midwifery Considered," and published in 1772. He says: "This instrument (the forceps) was for some time in the possession of a few practitioners only, nor has it been publicly known above forty years. But as soon as it was made public, it is surprising with what avidity it was adopted, insomuch that, for the first twenty years, the whole study of the men midwifes was how to new-model and improve its form and make, to delineate the various methods of using it, and to demonstrate in what variety of situations and positions of the child it might be serviceable, till they by degrees found out that there could hardly occur a case in midwifery but where the forceps might be used to advantage. I can hardly, therefore, fancy myself exceedingly presumptuous if I declare the forceps to be quite as useless to women in labor as either the blunt hook or fillet. But I must beg leave to go still a little further upon this head, and observe that this is not only a useless, but also a very pernicious instrument, for by hastening delivery before the parts are properly distended by the natural pains and strainings of

the mother, such dreadful lacerations are made, both internally and externally, as must frequently prove fatal, or at best the source of much inconvenience and misery to the unfortunate woman who has been the subject of such practices."

With reference to the tirade against the employment of men in midwifery practice, it may be interesting to observe, that during the lifetime of the first Chamberlens, and for centuries previously, the practice of midwifery was in the hands of women. In 1634, Dr. Peter Chamberlen attempted to secure the enactment of a law, "concerning the making of midwives a Corporation, and himself to be the Governor of it." But the midwives protested, and would not submit themselves unto the regulations which he sought to impose. They therefore petitioned to the "Right Worshipful the President of the College of Physicians within the City of London"—"that there is not such a necessity of dependence upon the said Dr. Chamberlen, more than upon any other physicians whom these petitioners do desire to be free and at liberty to make use of, in all occasions requisite for their advice and help, as well as of Dr. Chamberlen, who for aught as they can discern by his carriage would monopolize the whole practice among child-bearing women, being a young man, to the disparagement of all other physicians, and the enslaving of your petitioners." The protest of the midwives was undoubtedly incited by jealousy and fear, for in his reply to the accusations of those physicians and midwives who had so bitterly condemned his project, entitled "A voice in Rhama: or, The Crie of Women and Children," he shows their motives and justifies the position which he assumed. The men midwives were inveighed against from other sources than the anonymous communication already mentioned. The following complaint appeared in a London journal. It was entitled "The Petition of the Unborn Babes, to the Censors of the Royal College of Physicians." The babes lay this charge *inter alia* against Drs. Pocus, Maulus and others. "That, if we cannot leave our Dwellings and make our Appearance as soon as is Expected, either from the Unwieldyness of our Gates, or by means of any other obstacle requiring Time for its Removal, or if through fear of the Cruelties commonly exercised by said Pocus, Maulus, and their Confederates, your Petitioners are unwilling to leave their Habitations, the said Pocus, Maulus, and their Confederates, being present, charge your Petitioners with a Riot tending to the Murder of our Mothers: for which crime we are forthwith drag'd out of our Habitations by Hooks, Pincers, and other bloody Instruments, whereby we are sometimes most miserably torn and bruised, and at other times our Heads are so squeezed that we are ever after subject to Fits and Convulsions, unless (as by God's goodness it often happens) we die under the Operation. And in case of any of the least Resistance, whether on our part, or from the Nature and Situation of our Habitations, we are sentenced to Death as guilty of Rebellion, and, in consequence of such sentence, we are sometimes beheaded, and at other times our Brains are torn out by Instruments wickedly contrived for that purpose. Or, if your Petitioners happen to put an Arm out of Doors, whether in our own Defense, or to feel our way, the said Pocus, Maulus, and their Confederates, immediately cut off such Arm as high as they can reach, by which means your Petitioners bleed to Death in great misery and torture."

The popular reaction which followed such an onslaught as this was aided by the great authority of such men as Messrs. Hunter, Osborne, Denman and others. Osborne* says: "There never was an instrument invented more ingenious in the original contrivance, more simple in the structure, better adapted or more capable to overcome every possible resistance, to answer every beneficent intention and to guard against every possible injury either to mother or child." He then goes on to lay down rules for their use which absolutely neutralizes all this, and which are nothing less than barbarous. Among these principles it is forbidden to use the instruments until the living power of the whole body, or *vis vitae* are greatly reduced, and not irrecoverably exhausted, one of the symptoms being "Continued cessation of labor pains for several hours at the end of the third or fourth day."

* Essays on Practical Midwifery, 1795.

Denman, in 1794, says: "It has long been established as a general rule in this country, that the use of instruments of any kind ought not to be allowed in the practice of midwifery, from any motives of eligibility. Whoever will give himself time to consider the possible mistakes and want of skill in young practitioners, and the instances of presumption in those who by experience have acquired dexterity, will be strongly impressed with the sense of the propriety of this rule, as well as from the general reason of the thing. But when from any cause the parent becomes unequal to the expulsion of the child, the assistance of art, by whatever means it can be afforded, is justifiable by necessity; because without such assistance the parent would die undelivered, and with her life that of the child would be inevitably lost. Yet it behooveth every person who may use instruments in the practice of midwifery to be well convinced of this necessity before they are used and to be extremely careful in their use that he does not create new evils, or aggravate those which may be existing."

This author then goes on to say that "it would be absurd to defer the use of the instruments till the child was dead and the mother in a state not of apprehended, but of real danger." * * * "Still it must not be forgotten that in labors of long continuance there will often be an abatement or even a temporary cessation of pains, without an apparent reason, or alarming symptom;" furthermore, "cessation of the pains, which is the consequence of long continued, fruitless action, and of great debility, is to be considered as the only justification of the use of the forceps."

*Blundell (1842): "If you must err then take my advice and err rather by the neglect or rejection of instruments than by their too frequent use; for the cases in which you may use instruments without need are as numerous as the cases that fall under your care, with exception of the few—very few—in which these weapons are really required."

In view of all the precautions which were thrown about the employment of the forceps, and the limited field to which, by the teachings and practice of these men, they were restricted, it is not surprising that these instruments fell into disuse. The authority of the men who wrote against the forceps was so absolute that for a period of nearly forty years the forceps were practically banished from midwifery practice. During Dr. Clarke's Mastership of the Dublin Lying-in Hospital, from 1786 to 1793, there were 10,387 women delivered, and the forceps were employed only 14 times, or once in 742 cases. Labatt, in the same institution, from 1815 to 1822, records 21,867 births, and the forceps does not appear to have been used in a single instance. Collins, from 1826 to 1833, used the forceps in 24 cases out of a total of 16,654, or once in 691. Ramsbotham in his own practice employed the forceps once in 729 cases. I need not multiply instances of their infrequent use. The practice and precepts of Smellie were forgotten or carried no weight, and the teachings of Baudelocque, and later of Naegele, on the mechanism of labor, were either unknown or unheeded. *Professor Barker says: "If we search for the reasons why our great obstetricians in English literature had such a horror of the forceps, I think it will be found chiefly in the three following facts:

"1st. They were ignorant of the mechanism of labor. * * *

"2d. While they greatly exaggerated the danger to the mother and the child from the use of the forceps, they did not recognize the danger which results to both from prolonged labor.

"3d. They confounded the difficulty and skill demanded in their use in the comparatively few cases where they are required, when the head is at or above the superior strait, as being equally true in the many cases where we now use the instrument when the head is low in the pelvic cavity or at the outlet."

In striking contrast with the employment of the forceps in English practice is the history of their use on the Continent. Contemporary with

---

*p. 321.

*Barker. "Obstetric forceps, with a description and demonstration of Tamier's new instrument." Am. Jour. of Ob., vol. xl., p. 1.

the celebrated English and Irish accoucheurs already mentioned was Naegele, who in 1818 (after Solayres and Baudelocque) promulgated the principles of the mechanism of labor which has revolutionized the teaching and practice of midwifery throughout the world. In consonance with the correct principles entertained by Naegele do we find his practice with reference to the use of the forceps more in accord with the teaching of the present time, and correspondingly unlike that of his Anglican contemporaries.

Naegele employed the forceps once in thirty-one cases, and Siebold, of Berlin, one in seven.

In England the tide of opinion began to turn once more as the result of the practice in the Rotunda Hospital, under Shekelton. From 1847 to 1854 the forceps were used on an average of once in about sixty-two cases.

(*To be continued.*)

Paedology.

THERE have been recently under treatment by members of the senior class the following cases of children's diseases:

Broncho-pneumonia, by F. A. Faust and J. A. Stutz.

Follecular tonsililis and adenitis cervicalis, by L. A. Martin and W. P. Manaton.

Chicken-pox, by J. T. Gill and W. E. Thorpe.

Pertussis, two cases, by G. W. Lewis.

Croup, by Robert Benedix.

Bronchitis, by F. A. Faust and J. W. Telford.

Bronchitis, by W. U. Reynolds.

Spondylitis, by W. P. Wentworth.

Bronchitis, by F. W. Van Alstyne and W. Griswold.

Malaria, by W. T. Hudson and W. U. Reynolds.

Bronchitis, by J. W. and G. B. Dowling.

College Notes.

"IS senile atresia congenital?"

"WE are all teachers. * * * The greatest enemy of our race is a teacher of falsehoods."

A SPECIAL ward for the treatment of children's diseases has been recently opened in the Hahnemann Hospital.

DR. C. H. DUNNING, special instructor in the laboratory course, who has been confined for some weeks past with cerebro-spinal meningitis, is still very low.

WE suggest that, as one part of the Hahnemannian Exercises, there be a "Peanut rush" by the Senior Class, similar to the one indulged in a short time since.

GOOD ADVICE.—"Clear out the sand of worry from the bearings of your nature, use the oil of peacefulness, and little friction will result in your life's onward journey."

A FEW Seniors were absent from lectures the other day, and upon inquiry we found they were being examined by Prof. Wright in Sanitary Science. We understand all were successful.

THE publishers of the *Medical Era* sent a sample copy of the journal to each member of the Senior Class recently, and the next day a club was formed among our men. The paper speaks for itself.

DR. MARY E. GRADY, a graduate of the New York Medical College and Hospital for Women, in 1884, and now located at 436 Monroe street, Brooklyn, is attending the special course of studies in the Ophthalmic Hospital.

THE Class of '88 has been heard from. Apparently tired of waiting for the Middle Class they have decided to hold their First Annual Banquet at A. Riccadonna's, 42 Union square, March 5, 1886. We wish them a pleasant time.

THE question of "where are you going to locate" would seem to be an easy matter to decide, cousidering our hospital and dispensary appointments, and the numbers of choice openings offered from different places throughout the country.

THE members of the Middle Class who have not heard of the fact before are hereby informed that Materia Medica will henceforth be considered as a part of their studies, as far as the quizzes are concerned, "just as much as the Seniors."

ALREADY the annual agony hath arrived when it becometh necessary for the studious Senior to change his necktie, array his manly form in his Sunday clothes, and call on Garber, the class photographer, who useth the same instrument that withstood the attack made by the Class of '85. Hence we know the machine to be of unusually good material.

ALREADY a swarm of men who wish to invest no money in advertising, but at the same time secure our trade in medical books and instruments, are on hand with their goods. In reply, we say that our advertising columns contain the names of firms where the best combination of *quality* and *cheapness* can be obtained, and with these firms the majority of our men will trade.

DR. S. F. WILCOX has concluded that portion of his lectures on practical surgery in which the applications of bandages, dressing of wounds, antiseptic surgery, etc., has been illustrated, and January 23d gave the first demonstration upon the cadaver. Before the end of the year every student in the class will have a chance to show his ability to "cut" before a critical but sympathizing audience.

OCCASIONALLY we see a group of Middle Men engaged in an animated discussion, and on enquiring the cause invariably find that they are discussing the question of a class supper. Now, we are editorially not inclined to giving puffs, but feel that we can offer them no better advice than this: Firstly, *have* a supper by all means; and, secondly, find out from some Senior where they have been when they have had their best times—and go and do likewise.

PROF. ST. CLAIR SMITH recently related an amusing account of a case that would have furnished an anti-vaccinationist with a strong weapon. A babe had been vaccinated, and in about a week was covered with a peculiar eruption which did not disappear under careful treatment. The doctor suspected the probable cause of this very unusual proceeding, but upon communicating his opinion to the family he was met with a cyclone of denials. His diagnosis was fortunately soon confirmed by the discovery in the lacework of the infant's crib of a healthy, business-like community of those lively little insects commonly known as bedbugs. The child recovered—the b. b. didn't.

Hahnemannian Society.

February 10, 1886.

MEETING called to order at 7:30 by President Smoot.

In absence of the Secretary the President appointed Mr. W. B. Winchell Secretary pro tem.

Two new members signed the constitution.

Roll call.

Minutes of preceding meeting read and accepted.

Papers were read on the following subjects: "History and Science of Homœopathy," by Mr. E. B. Witte, '86; "Theraputics of different Schools of Medicine," by Mr. E. D. Fitch, '87, and "Gonorrhœa," by Mr. G. B. Dowling, '86.

Mr. A. C. Stewart, '87, told how he became a homœopath and gave some incidents of personal experience. His remarks were received enthusiastically.

The election of Quiz-masters resulted in the reëlection of the present incumbents.

Mr. Russell, '87, moved a vote of thanks be tendered the gentlemen who had read papers. Carried.

President Smoot of the Committee on Arrangements reported that Professor Beebe will deliver the annual address before the society.

Mr. Keeler of Committee on Music reported progress.

Mr. Hudson of Committee on Printing reported progress.

Mr. Stacy of Committee on Diplomas reported that the price would be $1.10 if forty were taken. Moved and seconded that Committee on Diplomas be empowered to order the diplomas at the above price. Carried.

Mr. Bartholomew of Committee on Sunday Lectures reported that Professor Helmuth declined to lecture this year.

The committee appointed to furnish music at the society meeting reported inability to do so on the present occasion.

It was moved and carried that Committee on

Printing be instructed to have the society's monogram engraved at the head of the invitations to the Annual Exercises.

Informal reading of minutes.

Roll call.

Adjournment.

W. B. WINCHELL,
Secretary pro tem.

Officers Elected at State Society,

HELD AT ALBANY, FEBRUARY 9TH, 1886.

PRES., Dr. Henry C. Houghton, of N. Y.; 1st Vice-Pres., Dr. F. Park Lewis, of Buffalo; 2d Vice-Pres., Dr. Titus L. Brown, of Binghamton; 3d Vice-Pres., Dr. E. W. Bryan, of Corning; Secretary, Dr. H. M. Dayfoot, of Rochester; Treasurer, Dr. E. S. Coburn, of Troy.

Censors.—Northern district, Drs. A. W. Holden, S. J. Pearsall, W. T. Laird; southern district, Drs. F. E. Doughty, E. Hasbrouck, A. B. Norton; middle district, Drs. M. O. Terry, George E. Gorham, F. L. Vincent; western district, Drs. A. S. Couch, N. Asborn, E. H. Wolcott.

Chairmen of bureaus were designated as follows:

Materia Medica, Dr. T. F. Allen; Clinical Medicine, Dr. H. L. Waldo; Obstetrics, Dr. E. G. Hasbrouck; Gynæcology, Dr. A. R. Wright; Mental and Nervous Diseases, Dr. S. Lilenthal; Ophthalmology, Dr. C. F. Sterling; Otology, Dr. Wm. P. Fowler; Laryngology, Dr. Geo. M. Dillow; Histology, Dr. Chas. McDowell; Climatology, Dr. H. M. Pain; Pædology, Dr. Gertrude Bishop; Surgery, Dr. Thomas D. Spencer; Vital Statistics, Dr. Titus L. Brown; Nicrologist, Dr. A. W. Holden.

The September meeting is to be held at Niagara Falls.

Correspondence.

41 WEST TWENTY-SIXTH STREET,
NEW YORK, Feb. 2, 1886.

EDITOR CHIRONIAN:

THE following letter of invitation I copied from "The Medical Age," Detroit, Michigan, some seven or eight years ago. It is quite a literary curiosity, and suspicion points to *our* Dr. H. D. Paine as the writer. If *he* did not write it, it is, at least, good enough to have emanated from his pen.

Sincerely yours,
E. L. WYMAN.

SCIENS, SOCIALITE, SOBRIETE.

DOCTORS:

DUCUM nex Mundi nitu Paynes; triticum at ait. Expecto meta fumen ta te and eta bita pi. Super attento, uno. Duxhamor clam pati, sum parates, ices, jam, etc. Sideror hoc. Anser.

FESTO REASON, FLOAS SOLE.

MR. EDITORS:

GENTLEMEN—Surely if there be one thing in a free country more clear than another it is that any of the people may speak openly to the people.

Now, I would most respectfully inquire if the CHIRONIAN, being—as I understand—a college paper, should with all due legality of form, take upon herself such an honored name, and be run by two classes, with the exclusion of the other, which is only in the embryonic state, however. I believe that it is not lacking for the want of power, if rightly used, to be of valuable service to those who so ably carry it on at present, which is printed for the advancement of Homœopathic principles, as well as keeping up the good feeling which now exists between the three classes, which go to make up the New York Homœopathic Medical College.

Therefore, gentlemen, I claim that in my opinion if the Junior Class was recognized, by having one of its members placed upon the staff of the CHIRONIAN, to report from time to time the news of that class, it would not only prove a help to those upon the governing staff, but would be the means of bringing about a better feeling, and certainly a much deeper interest would be manifested among the Junior Class.

A MEMBER OF CLASS OF '88.